

Wisconsin Department of Regulation & Licensing

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS DESIGNERS SECTION

DESIGNER APPLICANT APPRAISAL FORM

| | |
|---------------------------------|------------|
| APPLICANT: DESIGNER | |
| Type or print name of applicant | Birth date |

The applicant named above has applied for registration as a designer of engineering systems in the State of Wisconsin. A permit to practice as a designer in Wisconsin is limited to certain recognized fields of engineering design practice. The applicant has claimed experience in the design field that is checked below. To assist the board in reviewing the applicant we would appreciate your appraisal of the applicant's proficiency as requested below and on the back of this form.

Permit requested in: ☐ - HVAC ☐ - Plumbing ☐ - Electrical ☐ - Fire Protection ☐ - Private Sewage Systems

1. I know this applicant: ☐ - very well, ☐ - well, ☐ - slightly, ☐ - not at all.

2. My contacts with the applicant extend from _____ to _____.

3. These contact were (check all that apply):

- ☐ - As an associate in design work, ☐ - As a student in my classes,
☐ - In social or community activities, ☐ - Professional society activities,
☐ - Other (specify) _____

4. I am familiar with the applicant's work at _____
(name of company)

5. Describe the principal duties performed by the applicant. _____

To qualify for a permit as a designer of engineering systems an applicant must have sufficient knowledge and experience. To assist the board in evaluating this applicant, please indicate whether the applicant has entry level competence (for a permit in the design field checked above) in each of the practice areas by placing an "X" in one of the three boxes, i.e., Yes, No, or UK (unknown).

- | | Yes | No | UK | |
|-----|--------------------------|--------------------------|--------------------------|--|
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | REQUIRED AREAS OF EXPERIENCE (a) Research and Development and (b) Design |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Problem identification, including consideration of alternative approaches to problems solving. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Planning, including selecting a practical or reasonable approach. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Execution of plan, including completing design calculations. |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interpreting and reporting results. |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Definition of safety, health and environmental constraints. |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Selection of materials and components. |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Production of final designs. |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of detailed working drawings. |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evaluation of design solution for adherence to laws and codes and obtain approval. |

- | | Yes | No | UK | |
|-----|--------------------------|--------------------------|--------------------------|---|
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OTHER AREAS OF EXPERIENCE: (a) Other Design, (b) Construction and (c) Maintenance |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identification of design objectives. |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Definition of performance specifications, and functional requirements, such as materials and energy balances. |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction phase: Observation. |

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- | | Yes | No | UK | |
|-----|--------------------------|--------------------------|--------------------------|--|
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Characteristics of all key materials. |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of designs, layouts, and systems diagrams. |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of supporting technical information. |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of bid documents, including conducting a contract evaluation. |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparation of specifications and data sheets. |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interaction with professionals from other areas of work. |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultation with contractors, suppliers and installers. |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection of installed equipment and material for conformity specifications. |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assistance in design implementation construction. |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Revision of design as required including "as built" drawings and specifications. |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certification in completing and testing. |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provision of field service assistance. |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reviewing of completed work. |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Development of preventative maintenance schedules. |
32. Provide any information or knowledge that you have of this applicant that would assist the board in determining the applicant's competency to practice in the field of design practice that is checked on the other side of this form.. (Attach additional sheets if necessary.)
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-
-
33. In my opinion, considered as a whole, this applicant is qualified to be licensed as a designer of engineering systems in the field indicated on the front of this sheet. ☐- Yes ☐- No
34. The above information is being submitted by:

| | |
|----------------------|------|
| Name (Type or Print) | |
| Firm | |
| Title/Position | |
| Address | |
| City/State/Zip | |
| Day Phone | |
| Signature | Date |

| |
|---|
| Please affix seal |
| write in where registered, type of profession and registration number if applicable |